

LA4000058220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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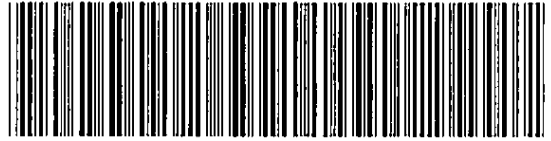
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 113ANASTASIA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcus Thompson, Esq.

Name of Person

Trinity Law & Title

Firm/Company

62 Hypolita Street, Suite 2

Address

St. Augustine, FL 32084

City/State and Zip Code

marcus@trinitylawfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Thompson, Esq.

904 478-8188

at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

113ANASTASIA LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Melody L Troutman	1039 Bruen St	<input checked="" type="checkbox"/> Add
		St Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	James L Robinson	1039 Bruen St	<input type="checkbox"/> Add
		St Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gregory A Gibson	307 Alcazar St	<input type="checkbox"/> Add
		St Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hans F Brian	83 Comares Dr #1C	<input type="checkbox"/> Add
		St Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 9, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00